Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF	De		er (Optional) F108P2D1							
In re Application of Olsen et al.										
	Application Nu 10/614	mber 1,990-Conf. #8196		Filed	July 9, 2003					
	For Stanniocalcin Polynucleotides, Polypeptides, and Methods E Thereon									
	Art Unit	1647 Exami			iner C. J. Nichols					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):										
ine requested extension and appropri	ate non-small-el	ntity tee are as tollo	ws (cn	eck time pei	rioa aesirea):					
x One month (37 CFR 1.17	\$	110.00								
Two months (37 CFR 1.1	\$									
Three months (37 CFR 1.	\$									
Four months (37 CFR 1.1	\$									
Five months (37 CFR 1.1	\$									
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$										
Payment by credit card. Form PTO-2038 is attached.										
x The Director has already been authorized to charge fees in this application to a Deposit Account.										
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425 . I have enclosed a duplicate copy of this sheet.										
I am the applicant/inventor.										
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
x attorney or agent of	of record. Regist	tration Number _		47,075						
attorney or agent u Registration numbe					 ()					
June 23, 2004 Date		Mice	ule	Suan Signature	ina-					
(301) 354-3930				ichele Shan						
Telephone Number Typed or printed name										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
Total of 1	forms are submit	ted.								

06/25/2004 MMEKONEN 00000023 083425 10614990

01 FC:1251 110.00 DA JUN 2 3 2004 W

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless it displays a valid OMB control of the control

Under:inevergence on Reduction Act of 1995, no persons are requ	rea to r	espond	o a com	ecuon o				itroi number	
FEE TRANSMITTAL for FY 2004						omplete if Known			
			Application Number			10/614,990-Conf. #8196			
			Filing Date			July 9, 2003			
Effective 10/01/2003. Patent fees are subject to annual revision.		First Named Inventor			ntor 1	Henrik S. Olsen			
	Examiner Name] (C. J. Nichols				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit					1647			
TOTAL AMOUNT OF PAYMENT (\$) 110.00	Attorney Docket No.				o. I	PF108P2D1			
METHOD OF PAYMENT (check all that apply)	T -	FEE CALCULATION (continued)							
Check Credit Money Other None	3. ADDITIONAL FEES								
X Deposit Account:									
Deposit		e Entity		Entity	_				
Account Number 08-3425	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	ription	Fee Paid	
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge -	- late filing fe	e or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – sheet.	harge – late provisional filing fee or cover			
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	specification			
X Charge any additional fee(s) or any underpayment of fee(s)	1812		1812		For filing a re				
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	_	publication o	of SIR prior to		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	D	publication o	of SIR after		
FEE CALCULATION	1251	110	2251	55	Extension fo		n first month	110.00	
1. BASIC FILING FEE	1252	420	2252	210	Extension fo	or reply within	n second month		
Large Entity Small Entity	1253	950	2253	475			n third month		
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension fo	or reply within	n fourth month		
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255	1 005	Extension fo	r realy within	n fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Ap	• •		\vdash	
1003 530 2003 265 Plant filing fee	1402		2402	165	Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for				
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		-	olic use proceeding		
011770741 (4) (4)	1452	110	2452	55	Petition to re	evive – unav			
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to re	evive - uninte			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	fee (or reiss			
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue	e fee			
Total Claims 24 -138** = x = 0.00	1503	640	2503	320	Plant issue f	fee			
Independent 8 -8** = x = 0.00	1460	130	1460	130	Petitions to t	the Commiss	sioner		
Claims	1807	50	1807	50	Processing f	fee under 37	-		
	1806	180	1806	180	_		on Disclosure Stmt	\vdash	
Large Entity Small Entity Fee							ssignment per	\vdash	
Code (\$) Code (\$)	8021	40	8021	40	property (tim	nes number o	of properties)		
1202	1809	770	2809	385	(37 ČFR 1.1	29(a))	final rejection		
1203 290 2203 145 Multiple dependent claim, if not paid		770	2810	385		additional invention to be (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	•		xamination (RCE)		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for of a design a		xamination]	
and over original patent	Other	Other fee (specify)							
SUBTOTAL (2) (\$) 0.00	*Red							110.00	
**or number previously paid, if greater; For Reissues, see above	<u></u>	(4)							
SUBMITTED BY						(Complete	(if applicable))		
Name (Print/Type) Michele Shannon		ration No ey/Agent)		,075		Telephone	(301) 354-3930		
Signature Michele Transon						Date	June 23, 2004		